



Housing Choice Voucher Program NOTICE OF INTENT TO MOVE

This serves as a formal intent to move notice to both the landlord and the City of Chandler Housing Division. Please note that your notice to vacate will not be considered valid until this form, or another provided by your landlord, has been completed, signed by you and your landlord and date stamped by our office.

Date: _____

TENANT INFORMATION	
TENANT'S NAME	PHONE
ADDRESS	
LANDLORD'S NAME	

I am requesting be removed from the Housing Choice Voucher Program. ☐ Yes ☐ No

It is my intention to move from the above stated address on _____. I understand that I must comply with the terms, as specified in the lease regarding the amount of time required prior to the lease termination.

My reason for leaving is _____.

My forwarding address is _____
Forwarding Address City State Zip code

The Landlord understands that as a result of this decision he is not entitled to vacancy loss payments from the City of Chandler Housing and Redevelopment Division.

We have read the above terms and agree to them.

Tenant Signature

Date

Landlord Signature

Date

For Office Use Only

Received By: _____ Date: _____

Request Referred To: ☐ Housing Specialist ☐ Housing Supervisor ☐ Other: _____

Action Taken: _____